FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N96000005863 (3)

HELPING HANDS OUTREACH MINISTRIES, INC.

| Principal Place of Business | Mailing Address | | | |
|---|---|---|---|--|
| 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 | 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429-8342 | | | |
| | | | 3. Date Incorporated or Qualified 11/13/1996 | 3a. Date of Last Report |
| 2. Principal Place of Business | 2e. Mailing Address | | 4. FEL Number | Applied For |
| | 26 | | 39-3412637 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zip | Country | 8. This corporation has liability for | |
| 25 | 29 | 30 | Florida Statutes | Yes No |
| 9. Name and Address of Curren | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| | | 81 Name | | |
| RIGGS, RANDY T | | 82 Street A | Address (P.O. Box Number is Not Acceptate | ble) |
| 6377 WEST MANGO LANE | | B3 | | |
| CRYSTAL RIVER FL 34429 | | | | |
| | | 84 City | | FL 85 Zip Code |
| Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligi | 2 and 617.1508, Florida Statu | tes, the above-named o | corporation submits this statement for the | |
| agent I am familiar with and accent the obtin | ations of Section 617.0503. Fi | Iorida Statutes | Oraciona board of directors. Thereby acce | pt the appointment as registered |
| agone rain termine with and accopt the obig | | ionos biarsios: | | |
| IGNATURE | | | | |
| SIGNATURE Signature, tyssed or printed name of registered age | ent and little if applicable. (NO | TE: Registered Agent signature in | | DATE |
| GRATURE Signature, tysied or printed name of registered age 2. OFFICERS AN | ent and little if applicable. (NO | TE: Registered Agent signature r | required when reinstating) | DATE CERS AND DIRECTORS IN 12 |
| Signature. Iysed or printed name of registered age 2. OFFICERS AN TILE PD RIGGS, RANDY T | ent and title if applicable. (NO D DIRECTORS | TE: Registered Agent signature r | required when reinstating) | DATE CERS AND DIRECTORS IN 12 |
| Signature. Iysed or printed name of registered age 2. OFFICERS AN TILE PD RIGGS, RANDY T TREET ADDRESS 6377 WEST MANGO LANE | ent and title if applicable. (NO D DIRECTORS | TE: Registered Agent signature r 13. 1.1 TITLE | required when reinstating) | DATE CERS AND DIRECTORS IN 12 |
| SIGNATURE Signature, typed or printed name of registered age 2. OFFICERS AN ITLE PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 | erk and title if applicable. (NO D DIRECTORS DELETE | 13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - SI - ZIP | required when reinstating) ADDITIONS/CHANGES TO OFFIG | DATE CERS AND DIRECTORS IN 12 Change Additi |
| Signature, tysed or printed name of registered age 2. OFFICERS AN TILE AME TREET ADDRESS ITY- \$1-7/P TLE SIGNATURE | ent and title if applicable. (NO D DIRECTORS | 13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE | required when reinstating) ADDITIONS/CHANGES TO OFFICE APP MAINTER JADVISOR / | DATE CERS AND DIRECTORS IN 12 Change Addit |
| SIGNATURE Signature, typed or printed name of registered age 2. OFFICERS AN TILE AME AME RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TILE SD AME BROWN, SHARON L | erk and title if applicable. (NO D DIRECTORS DELETE | 13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE | required when reinstating) ADDITIONS/CHANGES TO OFFICE APP MAINTER JADVISOR / | DATE CERS AND DIRECTORS IN 12 Change Additi |
| SIGNATURE 2. OFFICERS AN SITLE PD RIGGS, RANDY T GREET ADDRESS ITY-ST-ZIP ITLE SD BROWN, SHARON L P.O. BOX 2818 | erk and title if applicable. (NO D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE THE MEMBER JADVISOR / BROWN, SHARON. L P.O. BOX 2818 | DAYE CERS AND DIRECTORS IN 12 Change Addition |
| SIGNATURE SIgnature, hysed or printed name of registered age 2. OFFICERS AN ITILE PD RIGGS, RANDY T RIFET ADDRESS ITY-ST-ZIP CRYSTAL RIVER FL 34429 SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 | erk and title if applicable. (NO D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE THE MEMBER JABVISOR / BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 | DAYE CERS AND DIRECTORS IN 12 Change Addition C/7R Change Addition |
| SIGNATURE Signature, hysied or printed name of registered age 2. OFFICERS AN TILE PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TILE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TD | ent and title if applicable. (NO) D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | ADDITIONS/CHANGES TO OFFICE THE MEMBER /ADVISOR/C BROWN, SHARON. L P.O. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DONA K. RIGGS | DAYE CERS AND DIRECTORS IN 12 Change Addition C/72 Change Addition Change Addition |
| Signature Signature, tyssed or printed name of registered age 2. OFFICER'S AN ILE PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 ILE BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 ILE TD BREAD, RICHARD M | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | THE MEMBER JADVISOR / BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6272 WEST MANGO C | DAYE CERS AND DIRECTORS IN 12 Change Addit Change Addit |
| Signature. Signature, systed or printed name of registered age 2. OFFICERS AN TILE AME AME TREET ADDRESS TITY-ST-ZIP TLE AME BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TD BREAD, RICHARD M 6199 WEST MINUTEMAN ST | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICE THE MEMBER / ADVISOR / BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K, RIGGS 6377 WEST MANGOL CRUSTAL RIVER FL | DAYE CERS AND DIRECTORS IN 12 Change Addition C/72 Change Addition Change Addition Change Addition |
| SIGNATURE SIGNATURE SIGNATURE 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TLE AME BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TD BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/CHANGES TO OFFICE BROWN, SHARON. L. P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGOL CRYSTAL RIVER FL RECRETARY/DIRECTOR | DAYE CERS AND DIRECTORS IN 12 Change Addition C/72 Change Addition Change Addition Change Addition Change Addition |
| SIGNATURE SIGNATURE SIGNATURE 2. OFFICERS AN TILE AME AME ITY-SI-ZIP TILE AME AME AME BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TILE AME BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 TILE AME AME HOMSASSA FL 34448 | D DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | TH MEMBER / ADVISOR / BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY / DIRECTOR KATLU LOUISE WINDHAM | DAYE CERS AND DIRECTORS IN 12 Change Addition C/72 Change Addition Change Addition Change Addition Change Addition |
| Signature. Signature, systed or printed name of registered age 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TILE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TILE AME BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 TILE AME ITHERI ADDRESS HOMSASSA FL 34448 THEET ADDRESS HOMSASSA FL 34448 | D DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/C BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY/DIRECTOR KATHY LOUISE WINDHAM P.O. BOX 1622 | CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition |
| Signature. Signature, systed or printed name of registered age 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TILE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TD BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 TILE AME BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 TILE AME IREET ADDRESS HOMSASSA FL 34448 | D DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | TH MEMBER / ADVISOR / BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY / DIRECTOR KATLU LOUISE WINDHAM | DAYE CERS AND DIRECTORS IN 12 Change Addition C/TR Change Addition |
| Signature. Signature, systed or printed name of registered age 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TILE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TO BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 THE AMME IREET ADDRESS HOMSASSA FL 34448 THE AMME IREET ADDRESS HOMSASSA FL 34448 THE AMME IREET ADDRESS HOMSASSA FL 34448 | D DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/C BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY/DIRECTOR KATHY LOUISE WINDHAM P.O. BOX 1622 | DAYE CERS AND DIRECTORS IN 12 Change Addition C/TR Change Addition |
| SIGNATURE Signature, tysed or prefed name of registered age 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TILE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TILE AME BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 TO BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 TILE AME TREET ADDRESS GTY-ST-ZIP TILE AME AME AME AME AME SIGNATURE SIGNATURE SIGNATURE ASSA FL 34429 TO BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TO BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 | D DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/C BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY/DIRECTOR KATHY LOUISE WINDHAM P.O. BOX 1622 | DAYE CERS AND DIRECTORS IN 12 Change Addition C/TR Change Addition |
| SIGNATURE Signature, typed or printed name of registered age 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 TILE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TO BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 THEET ADDRESS HTY-SI-ZIP HOMSASSA FL 34448 TREET ADDRESS HTY-SI-ZIP TILE AME TREET ADDRESS | D DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/C BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY/DIRECTOR KATHY LOUISE WINDHAM P.O. BOX 1622 | DAYE CERS AND DIRECTORS IN 12 Change Addition C/TR Change Addition |
| SIGNATURE Signature, tysed or printed name of registered age 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 ITLE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TO BREAD, RICHARD M 6199 WEST MINUTEMAN ST HOMSASSA FL 34448 THEET ADDRESS STY-SI-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE | D DIRECTORS DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/C BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY/DIRECTOR KATHY LOUISE WINDHAM P.O. BOX 1622 | CERS AND DIRECTORS IN 12 CHange Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition |
| SIGNATURE SIGNATURE 2. OFFICERS AN PD RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429 INTE INTE INTE INTE INTE INTE INTE INT | D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/C BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY/DIRECTOR KATHY LOUISE WINDHAM P.O. BOX 1622 | DAYE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Change Addition Add |
| SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AN SITUE PD RIGGS, RANDY T SITUEST ANDRESS SITY-ST-ZIP ITLE SD BROWN, SHARON L P.O. BOX 2818 HOMOSASSA FL 34448 TILE ITLE TD BREAD, RICHARD M 6199 WEST MINUTEMAN ST | D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.8 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | ADDITIONS/CHANGES TO OFFICE JAT MEMBER JABVISOR/C BROWN, SHARON L P.C. BOX 2818 HOMOSASSA FL 344 TREASURER / DIRECTOR DENA K. RIGGS 6377 WEST MANGO C CRYSTAL RIVER FL SECRETARY/DIRECTOR KATHY LOUISE WINDHAM P.O. BOX 1622 | DAYE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Add |

SIGNATURE

IONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 3/12/97 (

FILED

May 07 1997 8:00am

Secretary of State

Daytime Phone # 0085012